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www.mass.gov/orgs/massachusetts-controlled-substances-registration

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Commissioner

**Massachusetts Controlled Substance Registration (MCSR)
Business Address Amended Information Form for Individuals**

MCSR Business Address Amended Information Form Instructions

Please read the following information carefully before completing the form:

1. This form is only intended for Massachusetts Controlled Substance Registrants who wish to change their MCSR Business Address as shown on their Massachusetts Controlled Substance Registration.
2. This form does not apply to health care facility and research Massachusetts Controlled Substance Registrations.
3. All addresses, including MCSR Business Address, are subject to disclosure on request (MGL c. 4, s. 7).
4. Items with an asterisk are mandatory.
5. Attest to the form by signing and dating the third page. The Drug Control Program cannot accept amended information forms without a signature.
6. When complete, send the amended information form by either email, fax, or mail:

Email: MCSR@massmail.state.ma.us

Fax: 617-753-8233

Mail:

Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
239 Causeway Street, 5th Floor Suite 500
Boston, MA 02114

Carefully Print or Type the Following Information:

First Name*:	Last Name*:	MCSR Number*:	Massachusetts Board License Number*:

Select Your MCSR Type:

- ☐ Physician (MD, DO) ☐ Dentist (DMD, DDS) ☐ APRN (NP, NM, NA, PCNS)
☐ Physician Assistant (PA) ☐ CDTM Pharmacist

MCSR Business Address
<p>Your MCSR Business Address is considered public information and is displayed on the Check-A-License Verification website.</p> <p>Your MCSR Business Address is where all MCSR related communication, including renewal reminders and wallet cards, will be sent.</p> <p>If you are amending your MCSR Business Address to a residential address, or to an out-of-state address, a signed letter of explanation must accompany this form.</p> <p>It is recommended to be as specific as possible with your MCSR business address so you can receive communication from the Program in a timely manner. Please include, if applicable: the name of the organization or company, building names and/or numbers, department, floor, suite, room, or an attention to/care of.</p> <p>Advanced Practice Providers who are changing an MCSR Business Address may also need to complete the MCSR Supervisor Change Form.</p>
<p align="center">Print or type your amended MCSR Business Address:</p> <p>Organization/Company: Address Line 1: Address Line 2: Address Line 3: City/Town: State: Zip code: MCSR Business Phone Number: MCSR Email Address:</p>

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: state tax and child support laws M.G.L. c. 62C, section 49A); and the laws of the commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

Full Name: _____

Signature: _____

Date: _____